

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007600

STATE FILE NUMBER

AMENDED

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 48

FILED FEB 21 1962

## 1. PLACE OF DEATH

## a. COUNTY

St. Charles County

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

St. Charles

## Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

52 Woodlawn Drive

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Missouri

## b. COUNTY

St. Charles

c. CITY  
OR TOWN

St. Charles

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

52 Woodlawn Drive

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Peter

Middle

Fetsch

Last

Date

4. DATE  
OF DEATH

Month

Feb.

Day

8

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-27-1905

## 9. AGE (last birthday)

56

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Const. Supt.

## 10b. KIND OF BUSINESS OR INDUSTRY

Construction

## 11. BIRTHPLACE (City and state or country)

St. Charles, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Fetsch

## 13b. MOTHER'S MAIDEN NAME

Margaret Roeper

## 14. NAME OF HUSBAND OR WIFE

Edna Wommack Fetsch

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Edna Fetsch, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Decompensation

INTERVAL BETWEEN  
ONSET AND DEATH

2 wks -

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Rheumatic Heart disease

Mangrove

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 5-2-62 to 2-8-62 and last saw him alive on 2-8-62

Death occurred at 930 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. St. Commeyard M.D.

## 22b. ADDRESS

St. Charles, Mo.

## 22c. DATE SIGNED

2-10-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Feb. 12, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cemetery

## 23d. LOCATION (City, town, or county)

Marietta, Texas

## (State)

## 24. FUNERAL DIRECTOR

Arthur C. Paue

## ADDRESS

St. Charles, Mo.

## 25. DATE RECD. BY LOCAL REG.

2/10/62

## 26. REGISTRAR'S SIGNATURE

Marcelle Wilson

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.